| Z S Z | nt child because Yes | insactions, or liabilities of a spouse or dependent child because | ther assets, "unearned" income, tra | EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? |
|---|--|--|---|---|
| S S | d trusts" need not Yes | s of Official Conduct and certain other "excepted spouse, or dependent child? | roved by the Committee on standards of Official Conduct a of such a trust benefiting you, your spouse, or dependent | TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? |
| TIONS | NSWER EACH OF THESE QUESTIONS | A | ENT, OR TRUST INFOR | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION |
| d and the response. | must be answered ned for each "Yes" | Each question in this part must be answered and the appropriate schedule attached for each "Yes" response. | portable Yes No No | V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. |
| | r arrangement with Yes | (X. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX. | sell, yes No | IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV. |
| s Z | or before the date | VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII. | earned" any period? Yes No No | III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III. |
| □ S S | Id receive any in the reporting Yes | VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII. | the Yes No | II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. |
| No C | d receive any gregating more Yes | VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI. | aries or griod? Yes No | I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. |
| | | SE QUESTIONS | SWER EACH OF THES | PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS |
| ill be dissessed files more than | A \$200 penalty shall be assessed against anyone who files more than 30 days late. | Employing Office: Termination Termination | TEXAS Officer or 7 Employee Amendment | Filer Status House of Representatives District: Report Type Member of the U.S. State: House of Representatives District: Annual (May 15) |
| ED FO | DELIVERED Control to Control the Brilly ES | 202-225-257 (Daytime Telephone) | CULBERSON | JOHN ABJEY |
| CENTRA | EBISI ATIVE PESSUNDE CENTRA | 1 | | |
| HAND DELIVERED | HAND DE | Form A For use by Members, officers, and employees | ENTATIVES | UNITED STATES HOUSE OF REPRESENTATIVES 2008 FINANCIAL DISCLOSURE STATEMENT For 2007 Calendar Year Reporting Period |
| ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | - | | | |

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption?

SCHEDULE I — EARNED INCOME

Name Page_ w g

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| exclude: willtary pay (such as National Guard of Reserve pay), lederal retrient programs, and belie | beliefits received under the Social Security Act. | Curity Act. |
|---|---|-------------|
| Source | Туре | Amount |
| | Approved Teaching Fee | \$6,000 |
| State of Maryland | Legislative Pension | \$9,000 |
| | Spouse Speech | \$1,000 |
| Ontario County Board of Education | Spouse Salary | NA |
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Page of 8

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Conduct. A green envelope for transmitting the list is included in each Member's filing package. in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official List the source, activity (i.e. speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization

| | S. C. | | |
|---|---|---------------|---------|
| Source | Activity | Date | Amount |
| Association of American Associations, Washington DC | Speech | Feb. 2, 2007 | \$2,000 |
| Examples: XYZ Magazine | Article | Aug. 13, 2007 | \$500 |
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| 2.00 | SCHEDULE III—ASSETS AND "UNEARNED" INCOME |
| 7.00.7 | "UNEARNED" INCOME |
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| 2 300 la | Name John Cullus Page 3 of & |
| B) OCK E | Page 3_ of 8_ |

| OUR HOUSTON HOME | 1st Bank of Paducah, KY Accounts | Examples: | SP Mega Corp. Stock | each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by you or your spouse's child, parent, or sibling; any deposits totalling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left. | Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other asset or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments). | Asset and/or Income Source | BLOCK A |
|------------------|----------------------------------|-----------|---------------------|--|--|----------------------------|---------|
| * | × | + + | × | \$1 - \$1,000 | Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." | Value of Asset | BLOCK B |
| Z A | × | | × | NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: For Example, Partnership Income or Farm Income) | Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA." For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during calendar year. | Type of Income | BLOCK C |
| | × | X | × | None - \$1 - \$200 = \$201 - \$1,000 = \$1,001 - \$2,500 ≥ \$2,501 - \$5,000 ≥ \$5,001 - \$15,000 ≤ \$15,001 - \$50,000 ≤ \$50,001 - \$100,000 ≦ \$100,001 - \$1,000,000 ≥ \$1,000,001 - \$5,000,000 ≥ Over \$5,000,000 ≥ | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income below checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was received. | Amount of Income | BLOCK D |
| A/A | | | S (partial) | portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E | asset had purchases (P), sales (S), or exchanges (E) exceeding \$1000 in reporting year. | Transaction | вгоск е |

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|----------|-------|----------|----------|----------|---|----------|---------|----------|----------|---|----------|------------|--------------|--|----------|---|---|--------------------------|-----------------------------------|-------------------------|-------------------------------------|--|
| | | | | | | | | | | | | | | | | | | STATE OF THUS REFLEEMENT | | | BLOCK A Asset and/or Income Source | SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed) |
| | | | | | | | | | | | | | | | | | | | None | > | | <u>"</u> |
| | | | | | | | | | | | | | | | | | | | \$1 - \$1,000 | | | Z |
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| ┠╌┤ | 1 | | | | | | | | | | | | | ├ | | | | | EXOCE ICO DEINO THOSE | - | e ĉ e | |
| | | | , , | | | | | | | | | <u> </u> | | | | | | AJUNTY | Other Type of Income (Specify) | | r r | Name |
| | | | | | | <u> </u> | | | | | | | | | | | | | None - | _} | | 15 |
| | L | | | | | <u> </u> | | | | | <u> </u> | | _ | | | | | | _ <u></u> | = | | |
| | | <u> </u> | <u> </u> | | | <u> </u> | | | | | | | | <u> </u> | | | | | | | BLOCK D Amount of Income | [[8] |
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SCHEDULE IV— TRANSACTIONS

| | | | | | | | | | | | ļ | MICROSOFT STOCK (LESS THAN \$1000) | 18m 56ck | SP Example: Mega Coporation Common Stock (partial sale) | amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below. | Report any purchase, sale, or exchange by you, your spouse or dependent child during the reporting year of any real property, | SCHEDULE IV— TRANSACTIONS |
|----------|-------|--|------|------------------|---------|----------|---------|--------------|-----|--|---|------------------------------------|----------|---|---|---|---------------------------|
| | | | | | | | | | | | | İ | | | PURCHASE | of Tr | |
| | | | | | | | | | | | | メ | * | × | SALE | Type of Transaction | |
| | | | | | | | | | į . | | | | | | EXCHANGE | ction | |
| | | | | | | | | | | | | 10/25/07 | 10/25/07 | 10-12-07 | (MO/DAY/YR) or Quarterly, Monthly, or Bi-weekly, if applicable | Date | Name |
| | | | | | | | | | | | | <u> XD</u> | * | | \$1,001- \$15,000 | | X |
| | | | | | | | | | | | | | | × | \$15,001- \$50,000 | | |
| | L | | | | | | | | | | | | | | \$50,001- \$100,000 | Amo | 2 |
| <u> </u> | | } | | | | | | <u></u> | | | | | | | \$100,001- \$250,000 m | Amount | 1/2 |
| | | | | | | ļ | | ļ | | | | | | | \$250,001- \$500,000 | of Tr | } |
| | | | | | | | | | | | | | | | \$1,000,000 | Transaction | |
| | | | | | | | <u></u> | | | | | | | | \$5,000,001- \$5,000,001- | ction | |
| | | | | | | | | | | | · | | | $ar{}$ | \$25,000,000 \$25,000,001- | } | Page 5 |
| | | <u> </u> | ļ | | | <u> </u> | | | | | | | | - | \$50,000,000 Over \$50,000,000 | - | 60 00 |

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SCHEDULE V- LIABILITIES

Name John Cullu-

Page 6 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse) or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000.

| | | SP, DC, JT | |
|--------------------------|---|-------------------------------|---------------------|
| AMERICAL EXPRESS | Example: First Bank of Wilmington, Delaware | Creditor | |
| REVOLVING CHARGE ACCOUNT | Mortgage on 123 Main St., Dover, Del. | Type of Liability | |
| × | | \$1,001- \$15,000 | |
| | | \$15,001- \$50,000 | |
| | | \$50,001- \$100,000 | |
| | × | \$100,001- m \$250,000 | Amou |
| | | \$250,001- \$500,000 | Amount of Liability |
| | <u> </u> | \$500,001- \$1,000,000 | Liabil |
| | _ | \$5,000,000 | ₹ |
| | _ | \$5,000,001- \$25,000,000 | |
| | <u> </u> | \$25,000,001- \$50,000,000 | |
| | L | Over \$50,000,000 | |

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$122 or less need not be added towards the \$305 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$305 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

| | | | | _ |
|------|------|--|-------------|---|
| | | Example: Mr. Joseph H. Smith, Anytown, Anystate | Source | |
| | | Silver Platter (determination on personal friendship received from Committee on Standards) | Description | |
| | | \$325 | Value | |

SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

In allune Page 17 ot 8

Name

or were paid by you and reimbursed by the sponsor. the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$305 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and

spouse or dependent child that is totally independent of his or her relationship to you. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

| Source | Date(s) | City of Departure—Destination— | Lodging? | Food? | Was a Family Member Included? | Number of days not at sponsor's expense |
|---------------------------------------|-----------|--------------------------------|----------|-------|----------------------------------|---|
| Examples: Chicago Chamber of Commerce | Mar. 2 | DC—Chicago—DC | Z | z | Z | None |
| Roycroft Corporation | Aug. 6-11 | DC—Los Angeles—Cleveland | Y | | ~ | 2 Days |
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| SCHEDULE | SCHEDULE VIII—POSITIONS | | Name John Culling Page 2 of 2 | 6 |
|--|--|--|--|--------------|
| Report all pos proprietor, rep organization, c | itions, compensated or resentative, employee, or any educational or ot | Report all positions, compensated or uncompensated, held during the current calendar year as proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other buorganization, or any educational or other institution other than the United States. | Report all positions, compensated or uncompensated, held during the current calendar year as any officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any non profit organization, any labor organization, or any educational or other institution other than the United States. | ner, bor |
| Exclude: Posi | tions listed on Schedule | Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political | ternal, or political entities; and positions solely of an honorary nature. | |
| 7 | Position | | Name of Organization | |
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| SCHEDULE | SCHEDULE IX—AGREEMENTS | TS . | | |
| Identify the date government sen employee welfar | , parties to, and genera vice; continuation or de e or benefit plan mainta | Identify the date, parties to, and general terms of any agreement or arrangement w government service; continuation or deferral of payments by a former or current elemployee welfare or benefit plan maintained by a former employer. | Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. | d of 1 an |
| Date | | Parties To | Terms of Agreement | |
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